

Entity Number 143585 Applicant's Form Identifier EM8CELL
 Contact Person Lawrence Tang Contact Telephone Number 626-453-3739

Block 4: Discount Calculation Worksheet

Worksheet A-1
 Page 3 of 3

The Block 4 worksheet is used to calculate your discount for services. You will complete one or more worksheets depending on the type of application you are filing. If you file more than one worksheet, please number the completed worksheets to assure that they are all processed correctly. Please refer to the instructions for information specific to the Type of Application you indicated in Block 1, Item 5.

9a List entities and calculate discount(s):
 School District or Library System Name: El Monte City SD School District or Library System Entity Number: 143585 (For Administrator's Use)

1 Name of Eligible Entity	2 Entity Number AND NCES Code (for Schools) or FSCS Code (for Libraries)	3 Urban or Rural U or R	4 Total Number of Students	5 Number of Students Eligible for NSLP	6 Percent of Students Eligible for NSLP (Col. 5 / Col. 4)	7 Discount from Discount Matrix	8 Weighted Product for Calculating Shared Discount (Col. 4 x Col. 7)	9 Pre-K Adult Ed Or Juvenile Justice	10 Alt Disc Mech	11 Entity Number of School District in which Library Outlet/Branch is Located	12 Discount of Member Entity	13 Shared Discount
ALL ENTITIES			SCHOOLS AND LIBRARIES				Schools with Shared Services	Schools		Library Outlets/Branches	Consortia	
ZONA	103758	U	251	240	96	90	228					
ROBERTA	103720	U	330	327	99	90	327					
SHIRAZER	103724	U	207	204	99	90	187					
WILKINSON	103756	U	292	283	97	90	263					
ORIGHT	103232	U	200	198	99	90	180					
THOMPSON	103730	U	352	347	99	90	342					

9b Shared Services

SCHOOL DISTRICTS: (Including groups of schools within school districts.)
 Calculate the totals of Columns 4 and 8. Divide the total of Column 8 by
 the total of Column 4. Enter the result in Column 13.

LIBRARY SYSTEMS: Calculate the total of Column 7. Divide this total by
 the number of outlets/branches. Enter the result in Column 13.

CONSORTIA: Calculate the total of Column 12. Divide this total by the
 number of member entities. Enter the result in Column 13.

11230						20020						89

Entity Number <u>143585</u>		Applicant's Form Identifier <u>EM8CELL</u>	
Contact Person <u>Lawrence Tang</u>		Phone Number <u>626-453-3739</u>	

Block 5: Discount Funding Request(s)
 Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts. Make as many copies of this page as needed, and number the completed pages to assure that they are all processed correctly.

Block 5, page 1 of 1

FRN 143585 (to be assigned by administrator)

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Annual eligible pre-discount amount for non-recurring charges (F minus G) <div style="border: 1px solid black; padding: 2px;"></div> </div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;"> I. Total funding year pre-discount amount (E + H) <div style="border: 1px solid black; padding: 2px;">17728.60</div> </div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;"> J. Discount from Block 4 Worksheet <div style="border: 1px solid black; padding: 2px;">89</div> </div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;"> K. Funding Commitment Request (I x J) <div style="border: 1px solid black; padding: 2px;">15778.45</div> </div>
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10	<input type="checkbox"/> If this is a duplicate Funding Request (e.g., of an FRN that is not yet approved, under appeal, etc.), check this box and enter the original FRN in the space provided:	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>
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<div style="border-bottom: 1px solid black; padding-bottom: 5px;"> 11 Category of Service (only ONE category should be checked) <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input checked="" type="checkbox"/> PRIORITY 1 Telecommunications Service </div> <div style="width: 45%;"> <input type="checkbox"/> PRIORITY 2 Internal Connections Other than Basic Maintenance </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 45%;"> <input type="checkbox"/> Internet Access </div> <div style="width: 45%;"> <input type="checkbox"/> Basic Maintenance of Internal Connections </div> </div> </div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;"> 12 Form 470 Application Number <div style="border: 1px solid black; padding: 2px;">404820000509872</div> </div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;"> 13 SPIN – Service Provider Identification Number <div style="border: 1px solid black; padding: 2px;">143000891</div> </div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;"> 14 Service Provider Name <div style="border: 1px solid black; padding: 2px;">NEXTEL COMMUNICATIONS</div> </div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;"> 15a <input type="checkbox"/> Check this box if this Funding Request is for non-contracted tariffed or month-to-month services. </div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;"> 15b Contract Number <div style="border: 1px solid black; padding: 2px;">MM</div> </div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;"> 15c <input type="checkbox"/> Check this box if this Funding Request is covered under a master contract (a contract negotiated by a third party, the terms and conditions of which are then made available to an eligible entity that purchases directly from the service provider). </div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;"> 15d <input type="checkbox"/> Check this box if this Funding Request is a continuation of an FRN from a previous funding year based on a multi-year contract. If so, provide that FRN here: </div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;"> 16a Billing Account Number (e.g., billed telephone number) <div style="border: 1px solid black; padding: 2px;"></div> </div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;"> 16b <input type="checkbox"/> Check this box if there are multiple Billing Account Numbers and attach a complete list of those numbers to this page. </div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;"> 17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy) (based on Form 470 filing) <div style="border: 1px solid black; padding: 2px;">12112004</div> </div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;"> 18 Contract Award Date (mm/dd/yyyy) <div style="border: 1px solid black; padding: 2px;"></div> </div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;"> 19 Service Start Date (mm/dd/yyyy) <div style="border: 1px solid black; padding: 2px;">07012005</div> </div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;"> 20a Service End Date (mm/dd/yyyy) <div style="border: 1px solid black; padding: 2px;">06302006</div> </div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;"> 20b Contract Expiration Date (mm/dd/yyyy) <div style="border: 1px solid black; padding: 2px;"></div> </div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;"> 21 Description of This Service: You MUST attach a description of the service, including a breakdown of components, costs, manufacturer name, make and model number. You must include any additional account or telephone numbers if the billed account has multiple numbers. Label the description with an Attachment Number, and note number in space provided. </div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;"> 22 Entity/Entities Receiving This Service: </div>	<div style="border-bottom: 1px solid black; padding-bottom: 5px;"> 23 Calculations </div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;"> A. Monthly charges (total amount per month for service) <div style="border: 1px solid black; padding: 2px;">1477.38</div> </div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;"> B. How much of the amount in A is ineligible? <div style="border: 1px solid black; padding: 2px;"></div> </div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;"> C. 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Do not write in this area

Entity Number 143585 Applicant's Form Identifier EM8CELL
Contact Person Lawrence Tang Phone Number 626-453-3739

Block 6: Certifications and Signature

24 ☒ I certify that the entities listed in Block 4 of this application are eligible for support because they are: (Check one or both.)

- a ☒ schools under the statutory definitions of elementary and secondary schools found in the No Child Left Behind Act of 2001, 20 U.S.C. Secs. 7801(18) and (38), that do not operate as for-profit businesses and do not have endowments exceeding \$50 million; and/or
- b ☒ libraries or library consortia eligible for assistance from a State library administrative agency under the Library Services and Technology Act of 1996 that do not operate as for-profit businesses and whose budgets are completely separate from any schools, including, but not limited to, elementary, secondary schools, colleges, or universities.

25 ☒ I certify that the entity I represent or the entities listed on this application have secured access, separately or through this program, to all of the resources, including computers, training, software, internal connections, maintenance, and electrical capacity, necessary to use the services purchased effectively. I recognize that some of the aforementioned resources are not eligible for support. I certify that the entities I represent or the entities listed on this application have secured access to all of the resources to pay the discounted charges for eligible services from funds to which access has been secured in the current funding year. I certify that the Billed Entity will pay the non-discount portion of the cost of the goods and services to the service provider(s).

a Total funding year pre-discount amount on this Form 471
(Add the entries from Items 23l on all Block 5 Discount Funding Requests.)

77728.60

b Total funding commitment request amount on this Form 471
(Add the entries from Items 23K on all Block 5 Discount Funding Requests.)

5278.45

c Total applicant non-discount share
(Subtract Item 25b from Item 25a.)

7245.15

d Total budgeted amount allocated to resources not eligible for E-rate support

0.00

e Total amount necessary for the applicant to pay the non-discount share of the services requested on this application AND to secure access to the resources necessary to make effective use of the discounts. (Add Items 25c and 25d.)

7245.15

f ☒ Check this box if you are receiving any of the funds in Item 25e directly from a service provider listed on any of the Forms 471 filed by this Billed Entity for this funding year, or if a service provider listed on any of the Forms 471 filed by this Billed Entity for this funding year assisted you in locating funds in Item 25e.

26 ☒ I certify that all of the schools and libraries or library consortia listed in Block 4 of this application are covered by technology plans that are written, that cover all 12 months of the funding year, and that have been or will be approved by a state or other authorized body, and an SLD-certified technology plan approver, prior to the commencement of service. The plans were written at the following level(s):

- a ☒ an individual technology plan for using the services requested in this application; and/or
- b ☒ higher-level technology plan(s) for using the services requested in this application; or
- c ☒ no technology plan needed; applying for basic local, cellular, PCS, and/or long distance telephone service and/or voice mail only.

27 ☒ I certify that I posted my Form 470 and (if applicable) made my RFP available for at least 28 days before considering all bids received and selecting a service provider. I certify that all bids submitted were carefully considered and the most cost-effective service offering was selected, with price being the primary factor considered, and is the most cost-effective means of meeting educational needs and technology plan goals.

28 ☒ I certify that the entity responsible for selecting the service provider(s) has reviewed all applicable FCC, state, and local procurement/competitive bidding requirements and that the entity or entities listed on this application have complied with them.

29 ☒ I certify that the services the applicant purchases at discounts provided by 47 U.S.C. Sec. 254 will be used solely for educational purposes and will not be sold, resold, or transferred in consideration for money or any other thing of value, except as permitted by the Commission's rules at 47 C.F.R. Sec. 54.500(k). Additionally, I certify that the Billed Entity has not received anything of value or a promise of anything of value, other than services and equipment requested under this form, from the service provider(s), or any representative or agent thereof or any consultant in connection with this request for services.

30 ☒ I certify that I and the entity(ies) I represent have complied with all program rules and I acknowledge that failure to do so may result in denial of discount funding and/or cancellation of funding commitments. There are signed contracts covering all of the services listed on this Form 471 except for those services provided under non-contracted tariffed or month-to-month arrangements. I acknowledge that failure to comply with program rules could result in civil or criminal prosecution by the appropriate law enforcement authorities.

Entity Number 143585 Applicant's Form Identifier EM8CELL
 Contact Person Lawrence Tang Phone Number 626-453-3739

- 31 ☒ I acknowledge that the discount level used for shared services is conditional, for future years, upon ensuring that the most disadvantaged schools and libraries that are treated as sharing in the service, receive an appropriate share of benefits from those services.
- 32 ☒ I certify that I will retain required documents for a period of at least five years after the last day of service delivered. I certify that I will retain all documents necessary to demonstrate compliance with the statute and Commission rules regarding the application for, receipt of, and delivery of services receiving schools and libraries discounts, and that if audited, I will make such records available to the Administrator. I acknowledge that I may be audited pursuant to participation in the schools and libraries program.
- 33 ☒ I certify that I am authorized to order telecommunications and other supported services for the eligible entity(ies) listed on this application. I certify that I am authorized to submit this request on behalf of the eligible entity(ies) listed on this application, that I have examined this request, that all of the information on this form is true and correct to the best of my knowledge, that the entities that are receiving discounts pursuant to this application have complied with the terms, conditions and purposes of the program, that no kickbacks were paid to anyone and that false statements on this form can be punished by fine or forfeiture under the Communications Act, 47 U.S.C. Secs. 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. Sec. 1001 and civil violations of the False Claims Act.
- 34 ☒ I acknowledge that FCC rules provide that persons who have been convicted of criminal violations or held civilly liable for certain acts arising from their participation in the schools and libraries support mechanism are subject to suspension and debarment from the program. I will institute reasonable measures to be informed, and will notify USAC should I be informed or become aware that I or any of the entities listed on this application, or any person associated in any way with my entity and/or the entities listed on this application, is convicted of a criminal violation or held civilly liable for acts arising from their participation in the schools and libraries support mechanism.
- 35 ☒ I certify that if any of the Funding Requests on this Form 471 are for discounts for products or services that contain both eligible and ineligible components, that I have allocated the cost of the contract to eligible and ineligible components as required by the Commission's rules at 47 C.F.R. Sec. 54.504(g)(1), (2).
- 36 ☒ I certify that this funding request does not constitute a request for internal connections services, except basic maintenance services, in violation of the Commission requirement that eligible entities are not eligible for such support more than twice every five funding years beginning with Funding Year 2005 as required by the Commission's rules at 47 C.F.R. Sec. 54.506(c).
- 37 ☒ I certify that the non-discount portion of the costs for eligible services will not be paid by the service provider. The pre-discount costs of eligible services featured on this Form 471 are net of any rebates or discounts offered by the service provider. I acknowledge that, for the purpose of this rule, the provision, by the provider of a supported service, of free services or products unrelated to the supported service or product constitutes a rebate of some or all of the cost of the supported services.

38	Signature of authorized person		39	Date
40	Printed name of authorized person		2/2/05	
41	Title or position of authorized person			
42a	Street Address, P.O. Box, or Route Number			
	City			
	State		Zip Code	
42b	Telephone number of authorized person		Ext	42c Fax number of authorized person
42d	E-mail address of authorized person			
42e	Name of authorized person's employer			

Attachment # EM8CELL

Billed entity El Monte City School District
Form 470 # 404820000509872

#143585

Page 1 of 7

Service Provider - NEXTEL COMMUNICATIONS
Month to Month Service
Account # 727505317

The El Monte City School District provides cell phones to a number of employees within the district. These include district office administrators, maintenance staff, custodians, school site administrators, etc. **In all, we maintain 165 cell phones**

Critical to communication within our district instructional departments and school sites is the ability to locate each and every staff member at any time. In all, this involves 24 school site administrators, 7 district office administrators, 1 unit for instructional services offices, 18 units for school site staff, and 6 teachers on special assignment.

This request is to cover the monthly access fee for these 56 units. Total pre-discount monthly cost = \$1477.38. Discount rate of 89%

I have attached the El Monte City School District spreadsheet listing all district cell phone holders whom we believe meet the criteria of direct student involvement in the delivery of information both in general instruction and electronic instruction through the internet. This list includes school site Assistant Principals, Principals, District Office administrators School site staff phones, and teachers on special assignment. These are the individuals who we feel are directly responsible for instruction. This is the group of district employees who work directly with teachers and students in the delivery of instruction. An increasingly integral part of that delivery system is the network by which we have access to the internet. These individuals are an important part of that delivery system. Communication within that group is imperative. All of this group travel within and among the 18 school sites in the El Monte City School District. We have found that cell phone communication is economical and efficient. This the group for which we have requested E-RATE funding.

The balance of the phones (approximately 107) are issued to employees whom we feel do not meet the criteria of "directly facilitating the delivery of instruction." We are not requesting funding for these individuals.

Attached also is a sample copy of an invoice from Nextel for one cell phone unit. The portion for which we are requesting funds is the "Premium Account Advantage Plus" – see highlighted area. In addition to the fixed monthly charge we are adding \$1.00 per month for each phone to cover the average cost of taxes, fees and assessments.. Total of base charge plus fees = \$14.50. Some Administrators with high usage are on other plans which have similar discounts, fees, Etc.

We are requesting funds for the 56 individuals identified on the attached lists that meet the required criteria. If there are further questions regarding this application, I can be reached at:

Voice 626-453-3739

Fax: 626-442-0465

E-mail: ltang@emcsd.org

Attachment # EM8CELL

Billed Entity El Monte City School District #143585

Form 470 # 404820000509872

Name	Assignment	Phone #	e-rate	Base Cost/Mo	Sample invoice attached
1 Bass, L.	Principal	926-5334	e	13.00	
2 Burkhardt, S	Instruction - Teacher on Special Assignment	712--5551	e	16.02	
3 Chavdarian, A	Deputy Supt, Instruction	945-6546	e	49.69	
4 DeRosa, G	Instruction	712-3706	e	57.73	
5 Dominguez, D	Instruction - Teacher on Special Assignment	712-5541	e	16.02	
6 Dudley, P	Principal	945-6527	e	21.55	
7 Dunn, S	Principal	945-6531	e	14.30	
8 Flores, C	Principal	945-6534	e	36.11	
9 Garcia, M	Assistant Principal	926-6428	e	15.06	
10 Hansen, E	Assistant Principal	945-6614	e	23.82	
11 Herrera, L	Principal	945-6538	e	41.14	
12 Herrera, N	Asst Supt. Student Services	945-7522	e	61.52	
13 Hryciw, K	Principal	255-8612	e	9.81	
14 Johnston, S	Principal	945-6521	e	8.76	
15 Kadau, M	Principal	926-5323	e	13.00	
16 Key, C	Principal	945-6530	e	22.50	
17 Lawson, L	Assistant Principal	945-6076	e	14.53	
18 Leeper, K	Assistant Principal	712-3704	e	39.74	
19 Marquez, J	Principal	945-6524	e	49.68	
20 Mascorro, L	Assistant Principal	926-5664	e	15.06	
21 McLean, C	Principal	705-5523	e	49.03	
22 Pardini, J	Instruction - Teacher on Special Assignment	712-5546	e	38.46	
23 Prince, L	Principal	945-6533	e	12.95	
24 Raymond, L	Principal	705-5525	e	28.17	
25 Richards, M	Director, Student Services	926-5330	e	15.65	
26 Ruiz, B	Principal	945-6519	e	42.59	
27 Seymour, J	Superintendent	945-6550	e	238.28	
28 Seymour, S	Principal	945-6539	e	25.02	
29 Smith, K	Principal	945-6553	e	13.72	
30 Syrja, R	Instruction, Teacher on Special Assignment	945-7218	e	45.52	
31 Torrence T	Principal	945-6529	e	13.37	
32 Torres, L	Principal	926-5315	e	41.14	
33 Traino, C	Director, Instructional Services	945-6537	e	38.17	
34 Wallace, D	Assistant Principal	523-5179	e	13.18	
35 Wheatley, L	Director, Special Education	945-6522	e	14.88	
36 YY Cherrylee	Sch Saf	926-5169	e	13.00	
37 YY Cleminson	Sch Saf	926-4581	e	11.41	
38 YY Columbia	Sch Saf	926-6443	e	11.41	
39 YY Cortada	Sch Saf	926-5173	e	11.41	
40 YY Durfee	Sch Saf	926-6445	e	11.41	
41 YY Gidley	Sch Saf	945-5517	e	13.00	
42 YY LeGore	Sch Saf	926-5181	e	16.04	
43 YY LeGore 2	Sch Saf	926-5609	e	39.97	
44 YY Loma	Sch Saf	926-5146	e	11.41	
45 YY Loma 21	Sch Saf	523-8405	e	13.00	
46 YY Mulhall	Sch Saf	926-5161	e	11.41	

47 YY New Lex	Sch Saf	926-5142	e	11.60
48 YY Norwood	Sch Saf	926-4354	e	11.85
49 YY Potrero	Sch Saf	926-5152	e	13.00
50 YY Rio Hondo	Sch Saf	926-4760	e	11.41
51 YY Rio Vista	Sch Saf	926-5175	e	11.41
52 YY Shirpser	Sch Saf	926-5387	e	11.41
53 YY Thompson	Sch Saf	926-5378	e	11.41
54 YY Wilkerson	Sch Saf	926-5183	e	13.00
55 YY Wright	Sch Saf	926-4778	e	11.45
56 YY Wrignt 2	Sch Saf	926-5849	e	38.20
Total Monthly				1,477.38
Total Yearly				17728.6

NEXTEL

Account name EL MONTE CITY ELEMENTARY SCHOOL DIST
Account number 727505317
Statement date January 06, 2005
Billing period December 02 - January 01, 2005
Invoice number 727505317-038

L DUNBAR-HEADSTART (626) 945-6544 continued...

Telecommunications Services Call Detail (626) 945-6544

Item #	Date	Time	Call To	Number	See Footnote	Min:Sec	Usage	Long Distance/Other*	Total Charges
70	Dec 27	08:58 PM	CLARMSNDW, CA	909-592-2068	PP/PU	3:00	0.00	0.00	0.00
71	Dec 28	03:35 PM	Incoming	Unavailable	PP/PU	2:00	0.00	0.00	0.00
72	Dec 29	02:17 PM	CLARMSNDW, CA	909-592-2068	PP/PU	1:00	0.00	0.00	0.00
73	Dec 29	02:18 PM	CLARMSNDW, CA	909-394-1137	PP/PU	3:00	0.00	0.00	0.00
74	Dec 30	04:08 PM	CLARMSNDW, CA	909-592-2068	PP/PU	3:00	0.00	0.00	0.00
75	Dec 30	08:31 PM	CLARMSNDW, CA	909-592-2068	PP/PU	3:00	0.00	0.00	0.00
76	Dec 30	10:49 PM	CLARMSNDW, CA	909-592-2068	OP/PU	2:00	0.00	0.00	0.00
77	Jan 01	01:11 PM	Incoming	909-485-3192	OP/PU	4:00	0.00	0.00	0.00
78	Jan 01	02:01 PM	Incoming	Unavailable	OP/PU	3:00	0.00	0.00	0.00
79	Jan 01	02:44 PM	COV-BALDPK, CA	626-945-6544	OP/PU	2:00	0.00	0.00	0.00
80	Jan 01	02:48 PM	CLARMSNDW, CA	909-592-2068	OP/PU	1:00	0.00	0.00	0.00
81	Jan 01	02:48 PM	COV-BALDPK, CA	626-338-1246	OP/PU	3:00	0.00	0.00	0.00
82	Jan 01	04:27 PM	Incoming	909-485-3192	OP/PU	2:00	0.00	0.00	0.00
TOTAL						191:00	\$0.00	\$0.00	\$0.00

Footnote	Features	Networks	Services	Time Period
	CW-Call Waiting	NN-National Network	AL - Alternate Line	PP-Peak Period
	CF-Call Forwarding	CN-Canadian Network	PU-Plan/Promotional Usage	OP-Off Peak Period
	3W-Three Way Call	WW-Nextel Worldwide	PF-Partial Free	MP-Multiple Period
	DS-Dialup Service	WD-Worldwide Discount	FC-Free Call	
		TJ-Tijuana Network		
		CA-Out of Area		

*Long Distance/Other column includes any long distance and Directory Assistance (411) charges.

Your Rate Plans

Rate Plan	Service
Unlimited Night & Wnd Minutes	Cellular Minutes
Caller ID	Caller ID
National Team Share 400	Call Detail
	Nextel Group Connect(SM)
	Nextel Direct Connect®
	Domestic LD Rate \$0
	Direct Connect Cross Fleet
	Shared Cellular Minutes
	Shared DC/Group Connect Mins
	Short Message Service
	Operator Assisted Messaging
	Cellular Usage
	Packet Data Service
Browser Wireless Web Services	
	Packet Data Usage
	PDS Application
Express Messaging	
	Text Messaging

continued...

Account name EL MONTE CITY ELEMENTARY SCHOOL DIST
Account number 727505317
Statement date January 06, 2005
Billing period December 02 - January 01, 2005
Invoice number 727505317-038

L DUNBAR-HEADSTART (626) 945-6544 continued...

Your Rate Plans

Rate Plan	Service
Enhanced VoiceMail Service	VoiceM

A CHAVDARIAN-DEPUTY SUPT. INS (626) 945-6546

Adjustments, Access and Other Charges

\$3 Access Discount 01/02	-0.1
\$3 Access Discount 01/02	-2.8
18% Enterprise Acct Access Dis 01/02	-9.0
100 Message Plan for 01/02-02/01	3.0
Caller ID for 01/02-02/01	1.0
Enhanced VoiceMail Service for 01/02-02/01	1.0
National Team Share 600 for 01/02-02/01	49.9

Total Adjustments, Access and Other Charges \$42.9

Telecommunications Services Charges (626) 945-6546

Telecom Shared Usage Adj	-177.2
Cellular Usage	177.2
Long Distance	4.2

Total Telecommunications Services \$4.20

Nextel Direct Connect® - Number 122*1265*103

Nextel Direct Connect®	0.00
Nextel Group Connect(SM)	0.00

Total Nextel Direct Connect® \$0.00

Unit Taxes, Fees and Assessments

* Federal-Univ Serv Assessment	1.343%	0.62
State-CA Relay Service Fund	0.300%	0.12
State-Tele Fund Charge	0.160%	0.08
State-CA High Cost Part B	2.430%	1.06
State-CA High Cost Part A	0.170%	0.08
State-Univ Lifeline Serv Charge	1.100%	0.50
State-PUC User Fee	0.110%	0.04

Total Unit Taxes, Fees and Assessments \$2.50

* Fees Nextel elects to collect to recover its costs of funding and complying with Government mandates and initiatives.

Total Nextel Charges for A CHAVDARIAN-DEPUTY SUPT. INS \$49.69

continued...

NEXTEL

Account name EL MONTE CITY ELEMENTARY SCHOOL DIST
Account number 727505317
Statement date January 06, 2005
Billing period December 02 - January 01, 2005
Invoice number 727505317-038

J PARDINI-INSTRUCTION (626) 712-5546 *continued...*

Telecommunications Services Call Detail (626) 712-5546

Item #	Date	Time	Call To	Number	See Footnote	Min:Sec	Usage	Long Distance/ Other*	Total Charges
31	Dec 17	06:30 PM	ALHAMBRA, CA	626-625-6644	PP/PU	8:00	0.00	0.00	0.00
32	Dec 18	04:40 PM	VAN NUYS, CA	818-517-7419	OP/PU	1:00	0.00	0.00	0.00
33	Dec 18	01:08 PM	NORTHIDGE, CA	818-700-0065	OP/PU	1:00	0.00	0.00	0.00
34	Dec 19	01:09 PM	GRANDHAVEN, MI	818-298-4396	OP/PU	1:00	0.00	0.00	0.00
35	Dec 19	01:09 PM	GRAND RPDS, MI	818-298-4396	OP/PU	1:00	0.00	0.00	0.00
36	Dec 19	01:10 PM	GRANDHAVEN, MI	818-298-4396	OP/PU	1:00	0.00	0.00	0.00
37	Dec 19	01:12 PM	NORTHIDGE, CA	818-700-0065	OP/PU	1:00	0.00	0.00	0.00
38	Dec 19	01:13 PM	SANCLARRAS, CA	661-298-4396	OP/PU	1:00	0.00	0.00	0.00
39	Dec 19	01:18 PM	ARCADIA, CA	626-821-1280	OP/PU	1:00	0.00	0.00	0.00
40	Dec 20	11:23 AM	MONROVIA, CA	626-930-8608	PP/PU	3:00	0.00	0.00	0.00
41	Dec 20	11:59 AM	Toll Free	800-694-7008	PP/PU	8:00	0.00	0.00	0.00
42	Dec 21	03:17 PM	DIR ASST	411	PP/PU	3:00	0.00	1.40	1.40
43	Dec 21	04:23 PM	ANAHEIM, CA	714-329-8836	PP/PU	1:00	0.00	0.00	0.00
44	Dec 26	07:44 PM	COV-BALDPK, CA	626-712-6546	OP/NN/PU	2:00	0.00	0.00	0.00
45	Jan 01	12:22 AM	Toll Free	800-694-7008	OP/PU	2:00	0.00	0.00	0.00
TOTAL						188:00	\$0.00	\$1.40	\$1.40

Footnote	Features	Networks	Services	Time Period
	CW-Call Waiting	NN-National Network	AL-Alternate Line	PP-Peak Period
	CF-Call Forwarding	ON-Canadian Network	PU-Plan/Promotional Usage	OP-Off Peak Period
	3W-Three Way Call	WW-Nextel Worldwide	PF-Partial Free	MP-Multiple Period
	DS-Dialup Service	WD-Worldwide Discount	FC-Free Call	
		TJ-Tijuana Network		
		OA-Out of Area		

*Long Distance/Other column includes any long distance and Directory Assistance (411) charges.

Nationwide Direct Connect(SM) Call Summary 122*1265*246

	Min:Sec	Total Nationwide Direct Connect(SM)
TOTAL	3:44	\$0.39

Your Rate Plans

Rate Plan	Service
Unlimited Night & Wknd Minutes	Cellular Minutes
Caller ID	Caller ID
National Team Share 400	Call Detail
	Nextel Group Connect(SM)
	Nextel Direct Connect®
	Domestic LD Rate \$0
	Direct Connect Cross Fleet
	Shared Cellular Minutes
	Shared DC/Group Connect Mins
	Cellular Usage

continued

Account name EL MONTE CITY ELEMENTARY SCHOOL DIST
Account number 727505317
Statement date January 06, 2005
Billing period December 02 - January 01, 2005
Invoice number 727505317-038

J PARDINI-INSTRUCTION (626) 712-5546 *continued...*

Your Rate Plans

Rate Plan	Service
100 Message Plan	Shared Short Messages
	Short Message Service
	Operator Assisted Messaging
Enhanced VoiceMail Service	VoiceMail

S BURKHARDT -INSTRUCTION (626) 712-5551

Adjustments, Access and Other Charges

\$3 Access Discount 01/02	-2.50
\$3 Access Discount 01/02	-0.50
18% Enterprise Acct Access Dis 01/02	-2.70
100 Message Plan for 01/02-02/01	3.00
Caller ID for 01/02-02/01	3.00
Premium Account Advantage Plus for 01/02-02/01	15.00

Total Adjustments, Access and Other Charges \$15.30

Nextel Direct Connect® - Number 122*1265*247

Nextel Direct Connect®	0.00
Nextel Group Connect(SM)	0.00

Total Nextel Direct Connect® \$0.00

Unit Taxes, Fees and Assessments

* Federal-Univ Serv Assessment	1.343%	0.16
State-PUC User Fee	0.110%	0.02
State-CA Relay Service Fund	0.300%	0.04
State-CA High Cost Part B	2.430%	0.31
State-CA High Cost Part A	0.170%	0.03
State-Tele Fund Charge	0.160%	0.02
State-Univ Lifeline Serv Charge	1.100%	0.14

Total Unit Taxes, Fees and Assessments \$0.72

* Fees Nextel elects to collect to recover its costs of funding and complying with Government mandates and initiatives.

Total Nextel Charges for S BURKHARDT -INSTRUCTION \$16.02

continued.

NEXTEL

Account name EL MONTE CITY ELEMENTARY SCHOOL DIST
 Account number 727505317
 Statement date January 06, 2005
 Billing period December 02 - January 01, 2005
 Invoice number 727505317-038

L BASS -RIO HONDO (626) 926-5334 continued...

Unit Taxes, Fees and Assessments

* Federal-Univ Serv Assessment	1.343%	0.16
State-Tele Fund Charge	0.160%	0.02
State-CA High Cost Part A	0.170%	0.02
State-Univ Lifeline Serv Charge	1.100%	0.14
State-CA Relay Service Fund	0.300%	0.04
State-CA High Cost Part B	2.430%	0.30
State-PUC User Fee	0.110%	0.02

Total Unit Taxes, Fees and Assessments \$0.70

* Fees Nextel elects to collect to recover its costs of funding
 and complying with Government mandates and initiatives.

Total Nextel Charges for L BASS -RIO HONDO \$13.00**Your Rate Plans**

Rate Plan	Service
Caller ID - No Charge	Caller ID
Premium Account Advantage Plus	Call Detail
	Call Forwarding
	Nextel Group Connect(SM)
	Nextel Direct Connect®
	Direct Connect Cross Fleet
	Shared DC/Group Connect Mins
	Cellular Usage
	Domestic Toll
NDC Disabled	Nationwide DC Disabled
	Nationwide DC RSTRCT
	Nationwide Direct Connect(SM)
Text & Numeric Paging	Short Message Service
	Operator Assisted Messaging
Enhanced VoiceMail Service	VoiceMail

PERSONNEL (626) 926-5335**Adjustments, Access and Other Charges**

18% Enterprise Acct Access Dis 01/02	-2.70
Caller ID for 01/02-02/01	1.00
Enhanced VoiceMail Service for 01/02-02/01	1.00
Premium Account Advantage Plus for 01/02-02/01	15.00

Total Adjustments, Access and Other Charges \$14.30**Nextel Direct Connect® - Number 122*1265*151**

Nextel Direct Connect® 0.00

continued.

Account name EL MONTE CITY ELEMENTARY SCHOOL DIST
 Account number 727505317
 Statement date January 06, 2005
 Billing period December 02 - January 01, 2005
 Invoice number 727505317-038

PERSONNEL (626) 926-5335 continued...

Nextel Direct Connect® - Number 122*1265*151

Nextel Group Connect(SM) 0.00

Total Nextel Direct Connect® \$0.00**Unit Taxes, Fees and Assessments**

* Federal-Univ Serv Assessment	1.343%	0.16
State-CA High Cost Part A	0.170%	0.02
State-CA High Cost Part B	2.430%	0.34
State-Tele Fund Charge	0.160%	0.02
State-PUC User Fee	0.110%	0.02
State-Univ Lifeline Serv Charge	1.100%	0.16
State-CA Relay Service Fund	0.300%	0.04

Total Unit Taxes, Fees and Assessments \$0.76

* Fees Nextel elects to collect to recover its costs of funding
 and complying with Government mandates and initiatives.

Total Nextel Charges for PERSONNEL \$15.06**Your Rate Plans**

Rate Plan	Service
Caller ID	Caller ID
Premium Account Advantage Plus	Call Detail
	Call Forwarding
	Nextel Group Connect(SM)
	Nextel Direct Connect®
	Direct Connect Cross Fleet
	Shared DC/Group Connect Mins
	Cellular Usage
	Domestic Toll
NDC Restricted	Nationwide DC RSTRCT
	Nationwide Direct Connect(SM)
Text & Numeric Paging	Short Message Service
	Operator Assisted Messaging
Enhanced VoiceMail Service	VoiceMail

The Americans with Disabilities Act, the Individuals with Disabilities Education Act and the Rehabilitation Act may impose obligations on entities to make the services purchased with these discounts accessible to and usable by people with disabilities.

NOTICE: Section 54.504 of the Federal Communications Commission's rules requires all schools and libraries ordering services that are eligible for and seeking universal service discounts to file this Services Ordered and Certification Form (FCC Form 471) with the Universal Service Administrator. 47 C.F.R. § 54.504. The collection of information stems from the Commission's authority under Section 254 of the Communications Act of 1934, as amended. 47 U.S.C. § 254. The data in the report will be used to ensure that schools and libraries comply with the competitive bidding requirement contained in 47 C.F.R. § 54.504. All schools and libraries planning to order services eligible for universal service discounts must file this form themselves or as part of a consortium.

An agency may not conduct or sponsor, and a person is *not required to respond to*, a collection of information unless it displays a currently valid OMB control number.

The FCC is authorized under the Communications Act of 1934, as amended, to collect the information we request in this form. We will use the information you provide to determine whether approving this application is in the public interest. If we believe there may be a violation or a potential violation of any applicable statute, regulation, rule or order, your application may be referred to the Federal, state, or local agency responsible for investigating, prosecuting, enforcing, or implementing the statute, rule, regulation or order. In certain cases, the information in your application may be disclosed to the Department of Justice or a court or adjudicative body when (a) the FCC; or (b) any employee of the FCC; or (c) the United States Government is a party of a proceeding before the body or has an interest in the proceeding. In addition, consistent with the Communications Act of 1934, FCC regulations and orders, the Freedom of Information Act, 5 U.S.C. § 552, or other applicable law, information provided in or submitted with this form or in response to subsequent inquiries may be disclosed to the public.

If you owe a past due debt to the Federal government, the information you provide may also be disclosed to the Department of the Treasury Financial Management Service, other Federal agencies and/or your employer to offset your salary, IRS tax refund or other payments to collect that debt. The FCC may also provide the information to these agencies through the matching of computer records when authorized.

If you do not provide the information we request on the form, the FCC may delay processing of your application or may return your application without action.

The foregoing Notice is required by the Paperwork Reduction Act of 1995, Pub. L. No. 104-13, 44 U.S.C. § 3501, et seq.

Public reporting burden for this collection of information is estimated to average 4 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, completing, and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the reporting burden to the Federal Communications Commission, Performance Evaluation and Records Management, Washington, DC 20554.

Please submit this form to:

**SLD-Form 471
P.O. Box 7026
Lawrence, Kansas 66044-7026**

For express delivery services or U.S. Postal Service, Return Receipt Requested, mail this form to:

**SLD Forms
ATTN: SLD Form 471
3833 Greenway Drive
Lawrence, Kansas 66046
(888) 203-8100**

El Monte City School District

**3540 N. Lexington Ave.
El Monte, CA 91731-2684**

**Phase 8
ERATE Application**

**Form 470 Application Number:
404820000509872**

Identifier: EM8PHONE

SBC COMMUNICATIONS

Estimated Average Burden Hours per Response: 4 hours

The instructions include information on the deadlines for filing this application.

(To be assigned by administrator)

Entity Number 143585 Applicant's Form Identifier EM8PHONE
 Contact Person Lawrence Tang Phone Number 626-453-3739

This information will facilitate the processing of your applications. Please complete all rows that apply to services for which you are requesting discounts. Complete this information on the FIRST Form 471 you file, to encompass this and all other Forms 471 you will file for this funding year. You need not complete this information on subsequent Forms 471. Provide your best estimates for the services ordered across ALL of your Forms 471.

Schools/school districts complete Item 7. Libraries complete Item 8. Consortia complete Item 7 and/or Item 8.

Block 2: Impact of Services Ordered on Schools

IF THIS APPLICATION INCLUDES SCHOOLS...		BEFORE ORDER	AFTER ORDER
7a	Number of students to be served		17230
b	Telephone service: Number of classrooms with phone service	647	649
c	Dial-up Internet access: Number of connections (up to 56kbps)		
d	Direct broadband services: Number of buildings served at the following speeds:		
	Less than 10 mbps		
	Between 10 mbps and 200 mbps		
	Greater than 200 mbps		
e	Direct connections to the Internet: Number of drops		
f	Number of classrooms with Internet access		
g	Number of computers or other devices with Internet access		

Block 3: Impact of Services Ordered on Libraries

IF THIS APPLICATION INCLUDES LIBRARIES...		BEFORE ORDER	AFTER ORDER
8a	Number of library patrons to be served		
b	Telephone service: Number of rooms with phone service		
c	Dial-up Internet access: Number of connections (up to 56kbps)		
d	Direct broadband services: Number of buildings served at the following speeds:		
	Less than 10 mbps		
	Between 10 mbps and 200 mbps		
	Greater than 200 mbps		
e	Direct connections to the Internet: Number of drops		
f	Number of buildings with Internet access		
g	Number of computers or other devices with Internet access		

Block 4: Discount Calculation Worksheets

You must complete a separate worksheet for each group of entities sharing one or more services. If you are filing as a consortium and your members include school districts or library systems, you must complete a separate worksheet for each of those members. In addition, if you are applying for discounts for administrative buildings or other non-instructional facilities, you must complete a worksheet for all schools in the school district or all library outlets/branches in the library system in order to calculate the appropriate discount for those facilities. In general, the following columns must be completed:

INDIVIDUAL SCHOOLS:

SCHOOLS IN ONE SCHOOL DISTRICT (SHARED SERVICES):

SCHOOL DISTRICTS:

LIBRARY OUTLETS/BRANCHES

LIBRARY OUTLETS/BRANCHES IN ONE LIBRARY SYSTEM (SHARED SERVICES):

LIBRARY SYSTEMS:

CONSORTIA (after completing a worksheet or worksheet entry for each member entity as needed):

Columns 1-7 and Columns 9-10

Columns 1-10 and Item 9b, Line 1

Columns 1-10 and Item 9b, Line 1

Columns 1-7 and Column 11

Columns 1-7, Column 11, and Item 9b, Line 2

Columns 1-7, Column 11, and Item 9b, Line 2

Columns 1-2, Column 12, and Item 9b, Line 3

Please refer to the Form 471 Instructions for specific information on each item in the worksheet.

Entity Number <u>143585</u>	Applicant's Form Identifier <u>EM8PHONE</u>
Contact Person <u>Lawrence Tang</u>	Contact Telephone Number <u>626-453-3739</u>

Block 4: Discount Calculation Worksheet

Worksheet A-1
Page 1 of 3

The Block 4 worksheet is used to calculate your discount for services. You will complete one or more worksheets depending on the type of application you are filing. If you file more than one worksheet, please number the completed worksheets to assure that they are all processed correctly. Please refer to the instructions for information specific to the Type of Application you indicated in Block 1, Item 5.

9a List entities and calculate discount(s):
 School District or Library System Name: El Monte City SD School District or Library System Entity Number: 143585 (For Administrator's Use)

1 Name of Eligible Entity	2 Entity Number AND NCES Code (for Schools) or FSCS Code (for Libraries)	3 Urban or Rural U or R	4 Total Number of Students	5 Number of Students Eligible for NSLP	6 Percent of Students Eligible for NSLP (Col. 5 / Col. 4)	7 Discount from Discount Matrix	8 Weighted Product for Calculating Shared Discount (Col. 4 x Col. 7)	9 Pre-K Adult Ed Or Juvenile Justice	10 Alt Disc Mech	11 Entity Number of School District in which Library Outlet/Branch is Located	12 Discount of Member Entity	13 Shared Discount
ALL ENTITIES			SCHOOLS AND LIBRARIES				Schools with Shared Services	Schools		Library Outlets/Branches	Consortia	
CHERRY LEE	703734	U	372	272	73	80	299					
CLEMINSON	703719	U	177	277	80	80	217					
COLUMBIA	703717	U	107	707	97	90	96					
CORTADA	703752	U	127	577	92	90	567					
DURFEE	703727	U	70	672	78	90	277					
GIDLEY	703718	U	157	600	80	90	512					

9b Shared Services

SCHOOL DISTRICTS: (Including groups of schools within school districts.) Calculate the totals of Columns 4 and 8. Divide the total of Column 8 by the total of Column 4. Enter the result in Column 13.	<div style="border: 1px solid black; padding: 5px; display: inline-block;">SEE Next</div>
LIBRARY SYSTEMS: Calculate the total of Column 7. Divide this total by the number of outlets/branches. Enter the result in Column 13.	<div style="border: 1px solid black; padding: 5px; display: inline-block;">80</div>
CONSORTIA: Calculate the total of Column 12. Divide this total by the number of member entities. Enter the result in Column 13.	<div style="border: 1px solid black; padding: 5px; display: inline-block;">80</div>

Entity Number 143585 Applicant's Form Identifier EM 8 PHONE
 Contact Person Lawrence Tang Contact Telephone Number 626-453-3739

Block 4: Discount Calculation Worksheet

Worksheet A-1
 Page 2 of 3

The Block 4 worksheet is used to calculate your discount for services. You will complete one or more worksheets depending on the type of application you are filing. If you file more than one worksheet, please number the completed worksheets to assure that they are all processed correctly. Please refer to the instructions for information specific to the Type of Application you indicated in Block 1, Item 5.

9a List entities and calculate discount(s): 21 Monte City SD School District or Library System Entity Number: 143585 (For Administrator's Use)

1 Name of Eligible Entity	2 Entity Number AND NCES Code (for Schools) or FSCS Code (for Libraries)	3 Urban or Rural U or R	4 Total Number of Students	5 Number of Students Eligible for NSLP	6 Percent of Students Eligible for NSLP (Col. 5 / Col. 4)	7 Discount from Discount Matrix	8 Weighted Product for Calculating Shared Discount (Col. 4 x Col. 7)	9 Pre-K Adult Ed Or Juvenile Justice	10 Alt Disc Mech	11 Entity Number of School District In which Library Outlet/Branch is Located	12 Discount of Member Entity	13 Shared Discount
ALL ENTITIES		SCHOOLS AND LIBRARIES						Schools with Shared Services	Schools	Library Outlets/Branches	Consortia	
LEGORE	103127	U	1111	1111	89	90	100000					
MALHARZ	103127	U	1111	1111	87	90	100000					
NEW LEXINGTON	103144	U	1111	1111	89	90	100000					
NORWOOD	103135	U	1111	1111	89	90	100000					
POTRERO	103155	U	1111	1111	89	90	100000					
RED HONDO	102153	U	1111	1111	88	90	100000					

9b Shared Services

SCHOOL DISTRICTS: (Including groups of schools within school districts.) Calculate the totals of Columns 4 and 8. Divide the total of Column 8 by the total of Column 4. Enter the result in Column 13.	SEE NEXT						SEE NEXT					
LIBRARY SYSTEMS: Calculate the total of Column 7. Divide this total by the number of outlets/branches. Enter the result in Column 13.												
CONSORTIA: Calculate the total of Column 12. Divide this total by the number of member entities. Enter the result in Column 13.												

Entity Number 143585 Applicant's Form Identifier EM8PHONE
 Contact Person Lawrence Tang Contact Telephone Number 626-453-3739

Block 4: Discount Calculation Worksheet

Worksheet A-1
 Page 3 of 3

The Block 4 worksheet is used to calculate your discount for services. You will complete one or more worksheets depending on the type of application you are filing. If you file more than one worksheet, please number the completed worksheets to assure that they are all processed correctly. Please refer to the instructions for information specific to the Type of Application you indicated in Block 1, Item 5.

9a List entities and calculate discount(s):
 School District or Library System Name: El Monte City SD School District or Library System Entity Number: 143585 (For Administrator's Use)

1 Name of Eligible Entity	2 Entity Number AND NCES Code (for Schools) or FSCS Code (for Libraries)	3 Urban or Rural U or R	4 Total Number of Students	5 Number of Students Eligible for NSLP	6 Percent of Students Eligible for NSLP (Col. 5 / Col. 4)	7 Discount from Discount Matrix	8 Weighted Product for Calculating Shared Discount (Col. 4 x Col. 7)	9 Pre-K Adult Ed Or Juvenile Justice	10 All Disc Mech	11 Entity Number of School District in which Library Outlet/Branch is Located	12 Discount of Member Entity	13 Shared Discount
ALL ENTITIES			SCHOOLS AND LIBRARIES				Schools with Shared Services	Schools		Library Outlets/Branches	Consortia	
ZONA	109148	U	251	200	79	80	228					
RIO VISTA	109120	U	336	329	98	80	309					
SHARPER	103124	U	207	203	98	80	206					
WILKERSON	103156	U	292	283	97	80	234					
DRIGHT	103132	U	920	822	89	80	716					
THOMPSON	103136	U	382	377	99	80	314					

9b Shared Services

SCHOOL DISTRICTS: (Including groups of schools within school districts.)
 Calculate the totals of Columns 4 and 8. Divide the total of Column 8 by
 the total of Column 4. Enter the result in Column 13.

LIBRARY SYSTEMS: Calculate the total of Column 7. Divide this total by
 the number of outlets/branches. Enter the result in Column 13.

CONSORTIA: Calculate the total of Column 12. Divide this total by the
 number of member entities. Enter the result in Column 13.

11230					70000							89

Entity Number <u>143585</u>	Applicant's Form Identifier <u>EMOPHONE</u>
Contact Person <u>Lawrence Tang</u>	Phone Number <u>626-453-3739</u>

Block 5: Discount Funding Request(s)
Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts. Make as many copies of this page as needed, and number the completed pages to assure that they are all processed correctly.

Block 5, page 1 of 1

<p>10 <input type="checkbox"/> If this is a duplicate Funding Request (e.g., of an FRN that is not yet approved, under appeal, etc.), check this box and enter the original FRN in the space provided: </p>	
<p>11 Category of Service (only ONE category should be checked)</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input checked="" type="checkbox"/> PRIORITY 1 Telecommunications Service <input type="checkbox"/> Internet Access </div> <div style="width: 45%;"> <input type="checkbox"/> PRIORITY 2 Internal Connections Other than Basic Maintenance <input type="checkbox"/> Basic Maintenance of Internal Connections </div> </div>	<p>23 Calculations</p>
<p>12 Form 470 Application Number </p>	<p>Recurring Charges</p> <p>A. Monthly charges (total amount per month for service) </p>
<p>13 SPIN - Service Provider Identification Number </p>	<p>B. How much of the amount in A is ineligible? </p>
<p>14 Service Provider Name </p>	<p>C. Eligible monthly pre-discount amount (A minus B) </p>
<p>15a <input type="checkbox"/> Check this box if this Funding Request is for non-contracted tariffed or month-to-month services.</p>	<p>D. Number of months service provided in funding year </p>
<p>15b Contract Number </p>	<p>E. Annual pre-discount amount for eligible recurring charges (C x D) </p>
<p>15c <input checked="" type="checkbox"/> Check this box if this Funding Request is covered under a master contract (a contract negotiated by a third party, the terms and conditions of which are then made available to an eligible entity that purchases directly from the service provider).</p>	<p>Non-Recurring Charges</p>
<p>15d <input type="checkbox"/> Check this box if this Funding Request is a continuation of an FRN from a previous funding year based on a multi-year contract. If so, provide that FRN here: </p>	<p>F. Annual non-recurring charges </p>
<p>16a Billing Account Number (e.g., billed telephone number) </p>	<p>G. How much of the amount in F is ineligible? </p>
<p>16b <input type="checkbox"/> Check this box if there are multiple Billing Account Numbers and attach a complete list of those numbers to this page.</p>	<p>H. Annual eligible pre-discount amount for non-recurring charges (F minus G) </p>
<p>17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy) (based on Form 470 filing) </p>	<p>I. Total funding year pre-discount amount (E + H) </p>
<p>18 Contract Award Date (mm/dd/yyyy) </p>	<p>J. Discount from Block 4 Worksheet </p>
<p>19 Service Start Date (mm/dd/yyyy) </p>	<p>K. Funding Commitment Request (I x J) </p>
<p>20a Service End Date (mm/dd/yyyy) </p>	<p>Total Charges</p>
<p>20b Contract Expiration Date (mm/dd/yyyy) </p>	<p>Attachment </p>
<p>21 Description of This Service: You MUST attach a description of the service, including a breakdown of components, costs, manufacturer name, make and model number. You must include any additional account or telephone numbers if the billed account has multiple numbers. Label the description with an Attachment Number, and note number in space provided.</p>	
<p>22 Entity/Entities Receiving This Service:</p>	<p>a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service: b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., 1):</p>

Do not write in this area

Entity Number 143585 Applicant's Form Identifier EM8PHONE
Contact Person Lawrence Tang Phone Number 626-453-3739

Block 6: Certifications and Signature

24 ☒ I certify that the entities listed in Block 4 of this application are eligible for support because they are: (Check one or both.)

- a ☒ schools under the statutory definitions of elementary and secondary schools found in the **No Child Left Behind Act of 2001, 20 U.S.C. Secs. 7801(18) and (38)**, that do not operate as for-profit businesses and do not have endowments exceeding \$50 million; and/or
- b ☒ libraries or library consortia eligible for assistance from a State library administrative agency under the Library Services and Technology Act of 1996 that do not operate as for-profit businesses and whose budgets are completely separate from any schools, including, but not limited to, elementary, secondary schools, colleges, or universities.

25 ☒ I certify that the entity I represent or the entities listed on this application have secured access, separately or through this program, to all of the resources, including computers, training, software, internal connections, maintenance, and electrical capacity, necessary to use the services purchased effectively. I recognize that some of the aforementioned resources are not eligible for support. I certify that the entities I represent or the entities listed on this application have secured access to all of the resources to pay the discounted charges for eligible services from funds to which access has been secured in the current funding year. I certify that the Billed Entity will pay the non-discount portion of the cost of the goods and services to the service provider(s).

a Total funding year pre-discount amount on this Form 471
(Add the entries from Items 23I on all Block 5 Discount Funding Requests.)

14358500

b Total funding commitment request amount on this Form 471
(Add the entries from Items 23K on all Block 5 Discount Funding Requests.)

248327.85

c Total applicant non-discount share
(Subtract Item 25b from Item 25a.)

73340.85

d Total budgeted amount allocated to resources not eligible for E-rate support

00000000

e Total amount necessary for the applicant to pay the non-discount share of the services requested on this application AND to secure access to the resources necessary to make effective use of the discounts. (Add Items 25c and 25d.)

73340.85

f ☒ Check this box if you are receiving any of the funds in Item 25e directly from a service provider listed on any of the Forms 471 filed by this Billed Entity for this funding year, or if a service provider listed on any of the Forms 471 filed by this Billed Entity for this funding year assisted you in locating funds in Item 25e.

26 ☒ I certify that all of the schools and libraries or library consortia listed in Block 4 of this application are covered by technology plans that are written, that cover all 12 months of the funding year, and that have been or will be approved by a state or other authorized body, and an SLD-certified technology plan approver, prior to the commencement of service. The plans were written at the following level(s):

- a ☒ an individual technology plan for using the services requested in this application; and/or
- b ☒ higher-level technology plan(s) for using the services requested in this application; or
- c ☒ no technology plan needed; applying for basic local, cellular, PCS, and/or long distance telephone service and/or voice mail only.

27 ☒ I certify that I posted my Form 470 and (if applicable) made my RFP available for at least 28 days before considering all bids received and selecting a service provider. I certify that all bids submitted were carefully considered and the most cost-effective service offering was selected, with price being the primary factor considered, and is the most cost-effective means of meeting educational needs and technology plan goals.

28 ☒ I certify that the entity responsible for selecting the service provider(s) has reviewed all applicable FCC, state, and local procurement/competitive bidding requirements and that the entity or entities listed on this application have complied with them.

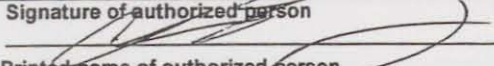
29 ☒ I certify that the services the applicant purchases at discounts provided by 47 U.S.C. Sec. 254 will be used solely for educational purposes and will not be sold, resold, or transferred in consideration for money or any other thing of value, except as permitted by the Commission's rules at 47 C.F.R. Sec. 54.500(k). Additionally, I certify that the Billed Entity has not received anything of value or a promise of anything of value, other than services and equipment requested under this form, from the service provider(s) or any representative or agent thereof or any consultant in connection with this request for services.

30 ☒ I certify that I and the entity(ies) I represent have complied with all program rules and I acknowledge that failure to do so may result in denial of discount funding and/or cancellation of funding commitments. There are signed contracts covering all of the services listed on this Form 471 except for those services provided under non-contracted tariffed or month-to-month arrangements. I acknowledge that failure to comply with program rules could result in civil or criminal prosecution by the appropriate law enforcement authorities.

Do not write in this area

Entity Number 143585 Applicant's Form Identifier EM8PHONE
Contact Person Lawrence Tang Phone Number 626-453-3739

- 31 ☒ I acknowledge that the discount level used for shared services is conditional, for future years, upon ensuring that the most disadvantaged schools and libraries that are treated as sharing in the service, receive an appropriate share of benefits from those services.
- 32 ☒ I certify that I will retain required documents for a period of at least five years after the last day of service delivered. I certify that I will retain all documents necessary to demonstrate compliance with the statute and Commission rules regarding the application for, receipt of, and delivery of services receiving schools and libraries discounts, and that if audited, I will make such records available to the Administrator. I acknowledge that I may be audited pursuant to participation in the schools and libraries program.
- 33 ☒ I certify that I am authorized to order telecommunications and other supported services for the eligible entity(ies) listed on this application. I certify that I am authorized to submit this request on behalf of the eligible entity(ies) listed on this application, that I have examined this request, that all of the information on this form is true and correct to the best of my knowledge, that the entities that are receiving discounts pursuant to this application have complied with the terms, conditions and purposes of the program, that no kickbacks were paid to anyone and that false statements on this form can be punished by fine or forfeiture under the Communications Act, 47 U.S.C. Secs. 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. Sec. 1001 and civil violations of the False Claims Act.
- 34 ☒ I acknowledge that FCC rules provide that persons who have been convicted of criminal violations or held civilly liable for certain acts arising from their participation in the schools and libraries support mechanism are subject to suspension and debarment from the program. I will institute reasonable measures to be informed, and will notify USAC should I be informed or become aware that I or any of the entities listed on this application, or any person associated in any way with my entity and/or the entities listed on this application, is convicted of a criminal violation or held civilly liable for acts arising from their participation in the schools and libraries support mechanism.
- 35 ☒ I certify that if any of the Funding Requests on this Form 471 are for discounts for products or services that contain both eligible and ineligible components, that I have allocated the cost of the contract to eligible and ineligible components as required by the Commission's rules at 47 C.F.R. Sec. 54.504(g)(1), (2).
- 36 ☒ I certify that this funding request does not constitute a request for internal connections services, except basic maintenance services, in violation of the Commission requirement that eligible entities are not eligible for such support more than twice every five funding years beginning with Funding Year 2005 as required by the Commission's rules at 47 C.F.R. Sec. 54.506(c).
- 37 ☒ I certify that the non-discount portion of the costs for eligible services will not be paid by the service provider. The pre-discount costs of eligible services featured on this Form 471 are net of any rebates or discounts offered by the service provider. I acknowledge that, for the purpose of this rule, the provision, by the provider of a supported service, of free services or products unrelated to the supported service or product constitutes a rebate of some or all of the cost of the supported services.

38	Signature of authorized person		39	Date
				01/25/05
40	Printed name of authorized person			
	LAWRENCE TANG			
41	Title or position of authorized person			
	ADMINISTRATOR			
42a	Street Address, P.O. Box, or Route Number			
	143585			
	CITY			
	CITY			
	State	Zip Code		
	CA	91731		
42b	Telephone number of authorized person		Ext	42c Fax number of authorized person
	626-453-3739			626-442-0765
42d	E-mail address of authorized person			
	LTANG@MCS.D.CKS			
42e	Name of authorized person's employer			
	EL MONTE CITY SD			

The Americans with Disabilities Act, the Individuals with Disabilities Education Act and the Rehabilitation Act may impose obligations on entities to make the services purchased with these discounts accessible to and usable by people with disabilities.

NOTICE: Section 54.504 of the Federal Communications Commission's rules requires all schools and libraries ordering services that are eligible for and seeking universal service discounts to file this Services Ordered and Certification Form (FCC Form 471) with the Universal Service Administrator. 47 C.F.R. § 54.504. The collection of information stems from the Commission's authority under Section 254 of the Communications Act of 1934, as amended. 47 U.S.C. § 254. The data in the report will be used to ensure that schools and libraries comply with the competitive bidding requirement contained in 47 C.F.R. § 54.504. All schools and libraries planning to order services eligible for universal service discounts must file this form themselves or as part of a consortium.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

The FCC is authorized under the Communications Act of 1934, as amended, to collect the information we request in this form. We will use the information you provide to determine whether approving this application is in the public interest. If we believe there may be a violation or a potential violation of any applicable statute, regulation, rule or order, your application may be referred to the Federal, state, or local agency responsible for investigating, prosecuting, enforcing, or implementing the statute, rule, regulation or order. In certain cases, the information in your application may be disclosed to the Department of Justice or a court or adjudicative body when (a) the FCC; or (b) any employee of the FCC; or (c) the United States Government is a party of a proceeding before the body or has an interest in the proceeding. In addition, consistent with the Communications Act of 1934, FCC regulations and orders, the Freedom of Information Act, 5 U.S.C. § 552, or other applicable law, information provided in or submitted with this form or in response to subsequent inquiries may be disclosed to the public.

If you owe a past due debt to the Federal government, the information you provide may also be disclosed to the Department of the Treasury Financial Management Service, other Federal agencies and/or your employer to offset your salary, IRS tax refund or other payments to collect that debt. The FCC may also provide the information to these agencies through the matching of computer records when authorized.

If you do not provide the information we request on the form, the FCC may delay processing of your application or may return your application without action.

The foregoing Notice is required by the Paperwork Reduction Act of 1995, Pub. L. No. 104-13, 44 U.S.C. § 3501, et seq.

Public reporting burden for this collection of information is estimated to average 4 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, completing, and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the reporting burden to the Federal Communications Commission, Performance Evaluation and Records Management, Washington, DC 20554.

Please submit this form to:

**SLD-Form 471
P.O. Box 7026
Lawrence, Kansas 66044-7026**

For express delivery services or U.S. Postal Service, Return Receipt Requested, mail this form to:

**SLD Forms
ATTN: SLD Form 471
3833 Greenway Drive
Lawrence, Kansas 66046
(888) 203-8100**

Attachment # EM8PHONE

Billed entity: El Monte City School District

#143585

Form 470 # 404820000509872

Service provider: SBC-Pacific Bell

Service provider spin: 1430002665

Account # (Main phone #) 626-453-3700

The 18 schools of the El Monte City School District, in addition to the central office, are served through the Pacific-Bell / SBC system for local service.

This service is a shared cost throughout the district.

625 lines are provided at this time. 35 Lines will be added. Each school site is served by 12 - 25 lines. Our central office has approximately 150 lines. Our phone system is self contained – we have a central switch with sub panels at each of our sites. Communication is easily available between sites and or the central office. Our technology plan shows that we will have multiple lines provided to allow easy access to the community.

Attachment Summary;

625 phone lines	@ \$ 10.50 per month	\$6,562.50
35 new lines	@ \$ 10.50 per month	\$ 367.50
35 new line installations	@ \$ 125.00	\$4,375.00

All costs provided by Pacific Bell – SBC.

Our estimates for Pre-discounted monthly call charges (based on 2003-2004 phone bills): \$2600.00

Our estimates for Pre-discounted monthly trunk line fees (based on 2003-2004 phone bills); \$4000.00

Total monthly pre-discount cost for lines:	\$ 6,930.00
<u>Total monthly pre-discount costs for calls:</u>	<u>\$ 6,600.00</u>
Total monthly pre discount cost:	\$13,530.00

Total one time installation:	\$ 4,375.00
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Lawrence Tang

Network Information Technology Administrator

El Monte City School District

Voice (626)453-3739

Fax: (626)442-0465

E-Mail ltang@emcsd.org

El Monte City School District

**3540 N. Lexington Ave.
El Monte, CA 91731-2684**

**Phase 8
ERATE Application**

**Form 470 Application Number:
404820000509872**

Identifier: EM8INET

PACIFIC BELL INTERNET

Schools and Libraries Universal Service
Description of Services Ordered and Certification Form 471

Estimated Average Burden Hours per Response: 4 hours

This form asks schools and libraries to list the eligible telecommunications-related services they have ordered and estimate the annual charges for them so that the Fund Administrator can set aside sufficient support to reimburse providers for services.

Please read instructions before beginning this application. (You can also file online at www.sl.universalservice.org.)

The instructions include information on the deadlines for filing this application.

Applicant's Form Identifier

EM8INZT

Form 471 Application#

(To be assigned by administrator)

(Create your own code to identify THIS Form 471)

Block 1: Billed Entity Information (The "Billed Entity" is the entity paying the bills for the services listed on this form.)

1 a Name of Billed Entity **CLINTON COUNTY SCHOOLS DISTRICT**

2 a Funding Year: July 1, **2005** through June 30, **2005** 3 Billed Entity Number **173585**

4 a Street Address, P.O. Box, or Route Number **3570 N LEXINGTON AVE**

City **CLINTON**

State **GA** Zip Code **30731**

b Telephone Number **626 432 739** Ext **0000**

c Fax Number **626 432 0465**

- 5 a Type of Application
- ☐ Individual School (individual public or non-public school)
- ☒ School District (LEA; public or non-public [e.g. diocesan] local district representing multiple schools)
- ☐ Library (including library system, library outlet/branch or library consortium as defined under LSTA)
- ☐ Consortium ☐ Check here if any members of this consortium are ineligible or non-governmental entities.

6 Contact Person's Name **LADARNE TANG**

First, if the Contact Person's Street Address is the same as in Item 4, check this box. ☒ If not, please complete the entries for the Street Address below.

b Street Address, P.O. Box, or Route Number

City

State **GA** Zip Code **30731**

Check the box next to your preferred mode of contact and provide your contact information. One box MUST be checked and an entry provided.

☒ c Telephone Number **626 453 3739** Ext **0000**

d Fax Number

E-mail Address

☒ e **LTANG@EMCSD.ORG**

f Holiday/vacation/summer contact information: **REBECCA VALLEJO**
RVALLEJO@EMCSD.ORG



047001010

Entity Number 143585 Applicant's Form Identifier EM8INET
 Contact Person Lawrence Tang Phone Number 626-453-3739

This information will facilitate the processing of your applications. Please complete all rows that apply to services for which you are requesting discounts. Complete this information on the FIRST Form 471 you file, to encompass this and all other Forms 471 you will file for this funding year. You need not complete this information on subsequent Forms 471. Provide your best estimates for the services ordered across ALL of your Forms 471.

Schools/school districts complete Item 7. Libraries complete Item 8. Consortia complete Item 7 and/or Item 8.

Block 2: Impact of Services Ordered on Schools

IF THIS APPLICATION INCLUDES SCHOOLS...		BEFORE ORDER	AFTER ORDER
7a	Number of students to be served		1230
b	Telephone service: Number of classrooms with phone service		
c	Dial-up Internet access: Number of connections (up to 56kbps)		
d	Direct broadband services: Number of buildings served at the following speeds:		
	Less than 10 mbps		
	Between 10 mbps and 200 mbps		
	Greater than 200 mbps		
e	Direct connections to the Internet: Number of drops		
f	Number of classrooms with Internet access		
g	Number of computers or other devices with Internet access		

Block 3: Impact of Services Ordered on Libraries

IF THIS APPLICATION INCLUDES LIBRARIES...		BEFORE ORDER	AFTER ORDER
8a	Number of library patrons to be served		
b	Telephone service: Number of rooms with phone service		
c	Dial-up Internet access: Number of connections (up to 56kbps)		
d	Direct broadband services: Number of buildings served at the following speeds:		
	Less than 10 mbps		
	Between 10 mbps and 200 mbps		
	Greater than 200 mbps		
e	Direct connections to the Internet: Number of drops		
f	Number of buildings with Internet access		
g	Number of computers or other devices with Internet access		

Block 4: Discount Calculation Worksheets

You must complete a separate worksheet for each group of entities sharing one or more services. If you are filing as a consortium and your members include school districts or library systems, you must complete a separate worksheet for each of those members. In addition, if you are applying for discounts for administrative buildings or other non-instructional facilities, you must complete a worksheet for all schools in the school district or all library outlets/branches in the library system in order to calculate the appropriate discount for those facilities. In general, the following columns must be completed:

INDIVIDUAL SCHOOLS:

SCHOOLS IN ONE SCHOOL DISTRICT (SHARED SERVICES):

SCHOOL DISTRICTS:

LIBRARY OUTLETS/BRANCHES

LIBRARY OUTLETS/BRANCHES IN ONE LIBRARY SYSTEM (SHARED SERVICES):

LIBRARY SYSTEMS:

CONSORTIA (after completing a worksheet or worksheet entry for each member entity as needed):

Columns 1-7 and Columns 9-10

Columns 1-10 and Item 9b, Line 1

Columns 1-10 and Item 9b, Line 1

Columns 1-7 and Column 11

Columns 1-7, Column 11, and Item 9b, Line 2

Columns 1-7, Column 11, and Item 9b, Line 2

Columns 1-2, Column 12, and Item 9b, Line 3

Please refer to the Form 471 Instructions for specific information on each Item in the worksheet.